Maryland Prescription Drug Monitoring Program (PDMP) Hospice Inpatient Waiver Application

Background

Health-General Article, Section 21-2A-03(f), Annotated Code of Maryland, allows pharmacies to be granted a waiver by the Department of Health and Mental Hygiene (DHMH) from reporting data to the Prescription Drug Monitoring Program (PDMP) on controlled dangerous substances (CDS) dispensed to patients in an inpatient hospice. Pharmacies that wish to apply for a waiver may be required to demonstrate, through written application, live demonstration, or any other method required by DHMH, how dispensing to hospice inpatients will be distinguished from all other dispensing of CDS prescription drugs required to be reported to the PDMP. Pharmacies must also agree to be subject to unannounced, on-site inspections by DHMH to verify reporting of prescription monitoring data on customers that are not hospice inpatients. Waivers granted shall remain in effect for 2 years.

Eligibility & Applicability

To be eligible to apply for the hospice inpatient waiver, a pharmacy must have a current pharmacy permit from the Maryland Board of Pharmacy **AND** a current CDS permit from the DHMH Division of Drug Control. Pharmacies that are already exempt from the PDMP reporting requirement should not apply for a waiver (for details on PDMP reporting exemptions, see the *RxSentry Dispenser's Implementation Guide* located on the Maryland PDMP website: www.hidinc.com/mdpdmp).

Pharmacies granted a hospice inpatient waiver shall be exempt from reporting prescription monitoring data only on those CDS prescription drugs dispensed to patients in an inpatient hospice facility that is currently licensed as a "general license hospice" by the DHMH Office of Health Care Quality (OHCQ) **AND** has a valid "Certificate of Need (CON)" issued by the Maryland Health Care Commission (MHCC). Pharmacies issued a hospice inpatient waiver will still have to report all other CDS prescription drug dispensing (i.e., outpatient dispensing) that is otherwise not exempt from reporting. To verify whether a facility is currently licensed as a "general license hospice," please call OHCQ at 410-402-8041. To verify whether the facility has a valid CON, please call MHCC at 410-764-5596.

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Version 2.0 March 9, 2015

Application Form Instructions

To apply for a Hospice Inpatient Waiver, please complete the form below. Completion and submission of an electronic form is preferred, though the applicant may submit a paper copy.

Once completed, please return the form the DHMH Behavioral Health Administration using one of these methods:

Email (preferred for expedited review): dhmh.pdmp@maryland.gov

Fax: 410-402-8601

Mail: Behavioral Health Administration
c/o Tryphena Barnes
Spring Grove Hospital Center/ Voc. Rehab Bldg.
55 Wade Avenue
Catonsville, MD 21228

If you have any questions concerning this form or the Hospice Inpatient Waiver, please contact the PDMP at 410-402-8686 or dhmh.pdmp@maryland.gov.

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MD PDMP: Hospice Inpatient Waiver Application Form

Section I: Pharmacy & Point-of-Contact (POC) Information

NOTE: The POC will receive all correspondence regarding the waiver application. The POC must be authorized by the pharmacy owner and/or management to submit the application and communicate with DHMH on the pharmacy's behalf.

1. **Pharmacy Name:**

2. **Pharmacy Address:**

3. **Pharmacy Permit #:**

4. **Pharmacy DEA #:**

5. **Pharmacy CDS Permit #:**

6. **POC Name:**

7. **POC Title**

8. **POC Telephone #:**

9. **POC Email Address:**

10. Does your pharmacy dispense CDS prescription drugs to anyone other than hospice inpatients?   Yes ☐   No ☐

    If "**Yes**," which method do you plan to use to electronically report information on CDS prescription drugs dispensed to individuals who are not hospice inpatients? (For more information, see "Chapter 5: Data Delivery Methods" in the *RxSentry Dispenser's Implementation Guide*.)

    Secure FTP over SSH   ☐
    Encrypted File with OpenPGP Via FTP   ☐
    SSL Website   ☐
    Universal Claim Form (UCF) Submission   ☐

11. If your pharmacy licenses pharmacy management software, please provide the name of the vendor and software product:

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Section II: Inpatient Hospice Information

Please include information below for the inpatient hospice facilities to which your pharmacy dispenses CDS prescription drugs. Pharmacies may receive a waiver only from reporting information on drugs dispensed to patients in these facilities. Please attach a separate sheet if more facilities need to be listed.

Inpatient Hospice 1

Hospice Name: _____

Hospice Address: _____

General License Hospice # (if known): _____

Certificate of Need # (if known): _____

Inpatient Hospice 2

Hospice Name: _____

Hospice Address: _____

General License Hospice # (if known): _____

Certificate of Need # (if known): _____

Inpatient Hospice 3

Hospice Name: _____

Hospice Address: _____

General License Hospice # (if known): _____

Certificate of Need # (if known): _____

Inpatient Hospice 4

Hospice Name: _____

Hospice Address: _____

General License Hospice # (if known): _____

Certificate of Need # (if known): _____

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Section 3: Method for Distinguishing Hospice Inpatients

Please describe how the pharmacy will distinguish dispensing to hospice inpatients from all other dispensing of CDS prescription drugs required to be reported to the PDMP. Include sufficient detail on all pharmacy practice protocols and information technology specifications that will be implemented. Attach any relevant documentation available from your pharmacy management system developer that details how hospice inpatients will be excluded from any required PDMP reports.

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